

**Idaho Department of Health and Welfare
Division of Medicaid
Bureau of Long Term Care**

**October 2012 –
September 2015**

EXECUTIVE SUMMARY

In 2012, the Bureau of Long Term Care (BLTC) within the Idaho Division of Medicaid received approval for a five-year renewal of the Aged and Disabled (A&D) Waiver. This document reflects the evidence that supports the Quality Improvement Strategy (QIS) submitted as part of the A&D Waiver application. It includes the measures, processes and data Idaho used to determine that each waiver assurance has been and continues to be met during the period the waiver is in effect (discovery); the measures and processes employed to correct identified problems (remediation); the roles and responsibilities of the parties involved in measuring performance and making improvements; the processes employed to aggregate and analyze trends in the identification and remediation of problems; and the processes employed to establish priorities, develop strategies for, and assess implementation of system improvements. This information covers the waiver period from October 2012 through September 2015. The data, for purposes of this request for evidence, includes calendar year 2012 through the third calendar quarter of 2015.

In July of 2014, the Medicare-Medicaid Coordinated Plan (MMCP) was expanded to include long-term services and supports, including A&D Waiver services. The Bureau of Long Term Care retains administrative authority over the health plan's administration of waiver services. The performance data collected by the health plan administering the MMCP is included in the data analysis section of this report.

The major emphasis on Idaho's quality improvement activities during the last two years has been to improve the quality of service plans through increased provider training and improvement in the collection of participant feedback.

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ROLES & RESPONSIBILITIES

The Division of Medicaid, Bureau of Long Term Care (BLTC) has a quality management committee, the Bureau of Long Term Care Committee (BLTCC), whose function is to review quality improvement strategy findings and analysis, including trending, formulate remediation recommendations, and identify and address any statewide resource or program issues. The BLTCC team includes the Bureau Chief, regional Program Managers, Project Manager, and policy and quality staff.

The results of the quality findings and recommendations are reported in the BLTCC minutes and reports, and are then presented to the Central Office Management Team (COMT). Aggregated quarterly reports on quality assurance activities and findings are also presented to the Personal Assistance Oversight Committee (PAOC). The purpose of the PAOC is to plan, monitor, and recommend changes to the Medicaid waiver and personal assistance programs. The PAOC membership consists of waiver participants, providers, advocacy organizations, and other interested stakeholders.

At the bureau level, Nurse Managers and Program Managers are responsible for remediating any specific caseload performance issues and/or training and educating staff on any adopted statewide design changes. The Quality Manager(s) are responsible for training and educating Quality Improvement Specialists on any adopted statewide design changes.

At the administrative level, the Bureau Leadership Team is responsible for reviewing BLTCC and other Medicaid program reports, analyses and recommendations. They consider the status of Division-wide resources, coordination issues and strategies. The Central Office Management Team (COMT) then makes final system-wide change decisions.

TOOLS & PROCESSES

The following processes (Quality Improvement Strategies) are used to monitor, remediate and make system improvements in the administration and operation of the A&D Waiver. Each process contributes to the reports that are included in the HCBS Quality Review.

- **Internal File Audit Process (APPENDIX BB)** - BLTC Nurse Managers and Program Managers monitor the performance of BLTC staff in the administration of the A&D Waiver. The BLTC Internal Audit forms and process are used by the Nurse Manager or Program Manager to review work completed by the Nurse Reviewers, QA Specialists and Support Staff. The information from the Internal Audit process is critical in the monitoring of the following HCBS Waiver assurances:
 - The level of care of enrolled participants is reevaluated at least annually or as specified in the approved waiver.
 - The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.
- **Complaint/Critical Incident Process (APPENDIX CC)** - All complaints and critical incidents received are documented and recorded in the SharePoint data system. The documented components of each incident require specific dates, nature of complaint/critical incident, narrative, referrals when necessary, a classification of substantiated or unsubstantiated, remediation action(s) taken, investigation outcome data and a closure date.

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- **Nurse Reviewer Home Visit Process (APPENDIX DD)** - The BLTC Nurse Reviewer Home Visit (NRHV) form is completed by the Nurse Reviewer (NR) on all A&D Waiver and Adult Personal Care Services (PCS) redeterminations. Nurse Reviewer Home Visit results are sent to the provider with the redetermination results. The data from this process is compiled quarterly. The information gleaned from the aggregated Nurse Reviewer Home Visit form data is critical in statewide monitoring of HCBS Waiver Assurances under Level of Care, Service Plan and Administrative Authority.
- **BLTC Provider Review Process (APPENDIX EE)** - The BLTC Provider Agencies who have active billing of selected waiver services in the last two (2) years are reviewed on a two (2) year cycle, but not later than two (2) years and thirty (30) days past the previous review. The BLTC Agency Quality Assurance reviews may need to be conducted more often in some circumstances. Examples of circumstances when a provider would be reviewed sooner than scheduled include; 90 day follow up on corrective action plans that do not show evidence the CAP was sustained, trend in complaints and critical incidents related to abuse, neglect, exploitation and/or quality of care issues. Provider review results are sent to the providers during the provider Quality Improvement (QI) review process. The data from this process is compiled quarterly.

SYSTEM IMPROVEMENT

When the Central Office Management Team (COMT) approves system design changes, the BLTCC monitors the implementation and ongoing effectiveness of the design change.

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It is the responsibility of the Quality Assurance team to review QI processes and instruments through monthly conference calls, supported by team minutes, to oversee the daily QI processes and report to the BLTCC. The Quality Assurance team includes a Quality Manager, an Internal Quality Manager, and Quality Improvement Specialists. The Quality Assurance team identifies and reports trends to the Quality Improvement Team, which is a team comprised of the Bureau Chief, Quality Manager and Alternate Care Coordinator. The Quality Improvement Team is responsible for analyzing the effectiveness of existing quality designs and making targeted system improvements. If a system improvement is needed, the recommendation is reviewed by the BLTCC for approval, and a recommendation is sent to the COMT for direction regarding implementation.

The Division of Medicaid evaluates and improves processes and systems on an ongoing basis. Each year the BLTC strives to improve service delivery and quality to waiver participants by using numerous data points and trends, appropriate analysis and prioritization techniques, and evaluation and feedback from various groups.

The Quality Improvement Strategy is reviewed by the Quality Assurance team and the BLTC Committee on an annual basis, and is then submitted to Bureau Leadership Team and PAOC.

RESULTS & ANALYSIS

The following charts are organized by Waiver Assurance category and include the performance measure, the data collected (discovery), and the remediation/system improvements.

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I. LEVEL OF CARE (LOC) Determination

The State demonstrates that it implements the processes and instruments specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with care provided in a hospital, NF, or ICF/ID

Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
a. An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.	<p>Number and percent of applicants meeting Nursing Facility level of care during their initial assessment for A&D waiver services.</p> <p>a. Numerator: Number of applicants meeting Nursing Facility level of care during their initial assessment for A&D waiver services</p> <p>b. Denominator: Number of initial assessments (applicants) for A&D waiver services.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as a 100% review.</p>	<p>BLTC Quality Improvement Summary Report: Includes number of initial adult applications for BLTC programs (A&D Waiver and State Plan Personal Care Services) and the number that met Nursing Facility (NF) level of care per calendar quarter and annually. Initial applications include new first time applicants, applicants that had a break in services, re-applied, and applicants who are denied and re-apply.</p> <p><u>2012 – Appendix A</u> 2,360 Met NF LOC 3,538 Applications 67% Met</p> <p><u>2013 – Appendix B</u> 2,599 Met NF LOC 3,546 Applications 73% Met</p> <p><u>2014 – Appendix C</u> 2,946 Met NF LOC 3,805 Applications</p>	<p>None Needed – A 100% review of applicants are assessed for A&D waiver services. There has been a steady increase in the percent of applicants that meet Nursing Facility (NF) LOC.</p>

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Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
		77% Met <u>2015 (YTD) – Appendix D</u> 2,285 Met NF LOC 2,898 Applications 79% Met MMCP – Appendix U July 1, 2014 – July 30, 2015 56 Met NF LOC 69 Applications 81% Met	MMCP - The Medicare-Medicaid Coordinated Plan (MMCP) was launched in July 2014. During July 1, 2014 through June 30, 2015, the Managed Care Entity (MCE) conducted the initial assessments for A&D waiver applications when the participant was already eligible for Idaho Medicaid and did not need a LOC decision for Medicaid eligibility.
b. The levels of care of enrolled participants are reevaluated at least annually or as specified	Number and percent of participants who received annual eligibility redetermination (redet) within 364 days of prior A&D waiver eligibility	Internal File Audit Report: Random sample review of participant files during the Internal File Audit Process.	See Appendix E – H for remediation. Reasons for late redeterminations:

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Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
in the approved waiver.	<p>assessment.</p> <p>a. Numerator: # of participants who received annual eligibility redetermination within 364 days of prior assessment.</p> <p>b. Denominator: # of participants who should have received annual redetermination of eligibility within 364 days of prior assessment.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as 336 Internal File Audits per year. This sample selection includes both initial and redetermination participants. The number reported in the discovery column reflects the redeterminations only for this specific sub assurance.</p>	<p><u>2012 – Appendix E</u> 298 - Completed within 364 days 306 - Files Audited 97% - Completed timely</p> <p><u>2013 – Appendix F</u> 275 - Completed within 364 days 286 - Files Audited 96% - Completed timely</p> <p><u>2014 – Appendix G</u> 278 – Completed within 364 days 282 – Files Audited 99% - Completed timely</p> <p><u>2015 (YTD) – Appendix H</u> 250 – Completed within 364 days 257 – Files Audited 97% - Completed timely</p> <p>MMCP – Appendix V 2014 Q4 <i>*Plan phased in this data collection after initial launch</i> 26 – Completed within 364 days 26 – Total redeterminations due</p>	<p>1. Participant requesting delay 2. Nurse Reviewer vacancies 3. Nurse Reviewer workload</p> <p>Raw data available in Quality Management SharePoint.</p> <p>MMCP - The MMCP was launched in July 2014. During July 1, 2014 through June 30, 2015, the MCE conducted the initial assessments for A&D waiver applications when the participant was already eligible for Idaho Medicaid and did not need a LOC decision for Medicaid eligibility. The MCE was also responsible for a</p>

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Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
		100% - Completed timely 2015 (Q1 and Q2) <i>*Plan phased out this data collection in Q3 2015 – BLTC now includes MCE enrollees in Internal File Audit sample</i> 74 – Completed within 364 days 74 – Total redeterminations due 100% – Completed timely	portion of redetermination assessments. This process was discontinued as of June 30, 2015 and BLTC has reassumed all LOC determinations for waiver services regardless of MCE enrollment status.
c. The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.	Number and percent of a sample of Nurse Reviewer level of care assessments for A&D Waiver eligibility that were determined appropriately. a. Numerator: Number of a sample of Nurse Reviewer level of care assessments for A&D Waiver eligibility that was determined appropriately. b. Denominator: Total number of A&D waiver eligibility determinations that were sampled	Internal File Audit Report: Review of sample of participant files during the Internal File Audit Process. <u>2012 – Appendix E</u> 358 - LOC determined correctly 359 - Files Audited 99% - Determined correctly <u>2013 – Appendix F</u> 349 - LOC determined correctly 355 - Files Audited 98% - Determined correctly <u>2014 – Appendix G</u> 356 - LOC determined correctly 356 - Files Audited	Remediation: Individual Nurse Reviewer counseling, training and educating. All incorrect determinations were corrected and participant services authorized. MMCP - As part of the state's initial review of the LOC

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Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
	<p>for appropriateness.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as 336 Internal File Audits per year. This value is the minimum required; therefore, data can and does include those over and above the minimum if deemed necessary by the Nurse Manager. This sample selection includes both initial and redetermination participants level of care review. The number reported in the discovery column reflects the total number of files analyzed for this specific sub assurance.</p>	<p>100% - Determined correctly 2015 (YTD) – Appendix H 302 - LOC determined correctly 302 - Files Audited 100% - Determined correctly</p> <p>MMCP – Appendix W 2014 Q4 <i>*Plan phased in this data collection after initial launch, no data for Q3 or Q4. BLTC reviewed LOC to determine that MCE was conducting appropriate LOC determinations</i></p> <p>2015 Q1-Q2 <i>*Plan phased out data collection after Q2—BLTC reassumed all LOC determinations</i> 46 - LOC Determined correctly 88 - Files Audited 52% - Determined correctly</p>	<p>assessments completed by the MCE, it was determined that there were two issues. First, sub-contractor training did not align with the training of state staff conducting assessments. Second, of the small percentage of LOC assessments assigned to the MCE, the state found that it was administratively cumbersome for the plan to continue collecting LOC assessments.</p> <p>This process was discontinued as of June 30, 2015 and BLTC has reassumed all LOC determinations for waiver services regardless of MCE enrollment status.</p>

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II. SERVICE PLANS			
The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.			
Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
a. Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means	<p>1. Number and percent of service plans reviewed that reflected the health care needs (functional), health & safety risks and personal goals of the participant.</p> <p>a. Numerator: Number of service plans reviewed that reflected the health care needs (functional) and personal goals of the participant.</p> <p>b. Denominator: Number of service plans reviewed.</p> <p>2. Number and percent of service plans reviewed that reflected the health & safety risks of the participant.</p> <p>a. Numerator: Number of service plans reviewed that reflected the health and safety risks of the participant.</p> <p>b. Denominator: Number of service plans reviewed.</p>	<p>Nurse Reviewer Home Visit (NRHV) Report: Includes the data collected by Nurse Reviewers during the redetermination process. Sample is 100% of redeterminations excluding Home Delivered Meals (HDM) and Personal Emergency Response System (PERS) providers.</p> <p><u>2012 – Appendix I</u></p> <p><i>1. Health Care Needs/Goals</i> 4,904 – Reflected Functional Needs/Goals 5,269 – Service Plans Reviewed 93% - Reflected Functional Needs/Goals</p> <p><i>2. Health & Safety Needs/Risk Assessment</i> 4,862 – Reflected H&S Needs/Risk Factors 5,244 - Service Plans Reviewed 93% - Service Plans reflected H&S Needs/Risk Factors</p> <p><u>2013 – Appendix J</u></p> <p><i>1. H&S Needs/Risk Factors</i> 4,202 – Reflected Functional Needs 4,760 – Service Plans Reviewed 88% - Reflected H&S Needs/Risk Factors</p> <p><i>2. Participant Goals</i> 3,106 – Reflected Participant Goals</p>	<p>Nurse Reviewer Home Visit reports are sent to the provider at redetermination with instructions to remediate any deficiencies. Quarterly aggregate reports are sent to agencies for Corrective Action Plans (CAPs) when the aggregate data falls below the Statewide average or 85% whichever is less. (Individual provider reports available)</p> <p>In quarter 2 of 2013 the data regarding the Service Plan reflecting the participant's goals, H&S/Risk Factors and potential risks/back up plans were separated into three separate performance measures. This was a system change to improve our targeting of performance measures for provider improvement.</p>

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Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
	Sampling approach of analyzed collected data approved in current waiver is specified as a representative sample with a confidence interval equal to 95%.	<p>3,558 – Service Plans Reviewed 87% - Reflected Functional Needs/Goals <u>2014 – Appendix K</u> <i>1. H&S Needs/Risk Factors</i> 4,075 – Reflected Functional Needs 4,603 – Service Plans Reviewed 89% - Reflected H&S Needs/Risk Factors <i>2. Participant Goals</i> 4,070 – Reflected Participant Goals 4,596 – Service Plans Reviewed 89% - Reflected Participant Goals <u>2015 (YTD) – Appendix L</u> <i>1. H&S Needs/Risk Factors</i> 3,169 – Reflected Functional Needs 3,483 – Service Plans Reviewed 91% - Reflected H&S Needs/Risk Factors <u>2015 (YTD) – Appendix P</u> <i>2. Participant Goals</i> 45 – Reflected Participant Goals 57 – Service Plans Reviewed 79% - Reflected Participant Goals</p>	<p>In 2015 the assessment of participant goals being addressed in the Service Plan was removed from the NRHV process as it was addressed in the Provider Quality Review.</p> <p>To address low compliance in Service Plan requirements, statewide training was provided in the Spring of 2014 and the development of online Service Plan Training Modules.</p> <p>In 2015 a process improvement was made to offer and conduct face-to-face provider trainings on a semi-annual basis.</p> <p>In 2015 the requirement for Service Plans to include participant goals to be addressed during the year was monitored through the</p>

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Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
		MMCP – Appendix X 2014 Q3 and Q4 <i>1. Health Care Needs/Goals</i> 21 – Reflected Functional Needs/Goals 39 – Service Plans Reviewed 53% - Reflected Functional Needs/Goals <i>2. Health & Safety Needs/Risk Assessment</i> 26 – Reflected H&S Needs/Risk Factors 39 - Service Plans Reviewed 67% - Service Plans reflected H&S Needs/Risk Factors 2015 (YTD) <i>1. Health Care Needs/Goals</i> 11 – Reflected Functional Needs/Goals 15 – Service Plans Reviewed 73% - Reflected Functional Needs/Goals <i>2. Health & Safety Needs/Risk Assessment</i> 11 – Reflected H&S Needs/Risk Factors 15– Service Plans Reviewed 73% - Service Plans reflected H&S Needs/Risk Factor	Provider QA process instead of the Nurse Reviewer Home Visit Process. MMCP – The MCE has been educated on an ongoing basis on appropriate review of service plans and remediation processes for providers when deficiencies are identified.
1. The State monitors service plan	Number and percent of service plans reviewed that reflected participant	Nurse Reviewer Home Visit Report: Includes the data collected by Nurse	Nurse Reviewer Home Visit reports are sent to the provider

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Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
development in accordance with its policies and procedures.	<p>choices (i.e., time of service, days of service, etc.)</p> <p>a. Numerator: Number of service plans reviewed that reflected participant choices.</p> <p>b. Denominator: Number of service plans reviewed.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as a representative sample with a confidence interval equal to 95%.</p>	<p>Reviewers during the re-determination process. Sample is 100% of redeterminations minus HDM and PERS providers</p> <p><u>2012 – Appendix I</u> 4,829 - Participant's indicated their service plans reflected their choices 5,016 - Service Plans Reviewed 96% Service Plans reflected participant choices</p> <p><u>2013 – Appendix J</u> 6,577 - Participant's indicated their service plans reflected their choices 6,697 - Service Plans Reviewed 98% Service Plans reflected participant choices</p> <p><u>2014 – Appendix K</u> 6,762 - Participant's indicated their service plans reflected their choices 6,983 - Service Plans Reviewed 97% Service Plans reflected participant choices</p> <p><u>2015 (YTD) – Appendix L</u> 3,340 - Participant's indicated their service plans reflected their choices</p>	<p>at redetermination with instructions to remediate any deficiencies. Quarterly aggregate reports are sent to agencies for Corrective Action Plans when the aggregate data falls below the Statewide average or 85% whichever is less. (Individual provider reports available)</p> <p>In 2013, the participant experience question related to choices on their Service Plan was expanded to include participants residing in Certified Family Homes (CFH) and Residential Assisted Living Facilities (RALF).</p>

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Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
		<p>3,419 - Service Plans Reviewed 98% Service Plans reflected participant choices</p> <p>MMCP – Appendix X 2014 Q3 and Q4 17 - Participants indicated their service plans reflected their choices 17 - Service Plans Reviewed 100% Service Plans reflected participant choices</p> <p>2015 (YTD) 11 - Participants indicated their service plans reflected their choices 15 - Service Plans Reviewed 73% Service Plans reflected participant choices</p>	<p>MMCP - The MCE has been advised to increase the sample size for plan review and to include a review of RALF plans in their sample for all applicable service plan criteria. The MCE continues to use its internal provider quality control process to ensure agency compliance.</p>
<p>2. Service plans are updated/ revised at least annually or when warranted by changes in the waiver participant's needs.</p>	<p>1. Number and percent of service plans reviewed that were updated annually.</p> <p>a. Numerator: # of service plans reviewed in the home at annual redetermination that were updated/current.</p> <p>b. Denominator: Total # of service</p>	<p>Nurse Reviewer Home Visit Report: Includes the data collected by Nurse Reviewers during the re-determination process. Sample is 100% of current participants minus HDM and PERS providers.</p> <p>2012 – Appendix I</p>	<p>Nurse Reviewer Home Visit reports are sent to the provider at redetermination with instructions to remediate any deficiencies. Quarterly aggregate reports are sent to agencies for Corrective Action Plans when the aggregate data</p>

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	<p>plans reviewed at redetermination.</p> <p>2. Number and percent of service plans reviewed that were updated/revised when warranted by changes in the waiver participant's needs/goals.</p> <p>a. Numerator: # of service plans reviewed that were updated/revised due to changes in the waiver participant's needs/goals.</p> <p>b. Denominator: # of service plans reviewed that should have been updated/revised because of changes in the participant's needs/goals.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as a representative sample with a confidence interval equal to 95%.</p>	<p><i>1. Number & Percent of Service Plans Updated Annually</i> 5,088 – Current Service Plans in home 5,400 – Annual Redeterminations 94% - Participant's had current Service Plans in their home</p> <p><i>2. Number & Percent of Services Plans revised/updated when warranted</i> 2,525 – Service Plans were updated when needed 2,937 – Service Plans that needed updates/revisions 86% - Service Plans updated when needed.</p> <p><u>2013 – Appendix J</u></p> <p><i>1. Number & Percent of Service Plans Updated Annually</i> 4,559 – Current Service Plans in home 4,838 – Annual Redeterminations 94% - Participant's had current Service Plans in their home</p> <p><i>2. Number & Percent of Services Plans revised/updated when warranted</i> 2,217 – Service Plans were updated when needed 2,594 – Service Plans that needed</p>	<p>falls below the Statewide average or 85% whichever is less. (Individual provider reports are available)</p> <p>The low performance by provider agencies in 2012 and 2013 resulted in a statewide training effort in 2014 and the development and implementation of online provider training modules related to Service Plans and Documentation.</p> <p>The trend of providers not updating Service Plans when warranted by the participant's needs or change in condition continued in 2014. Semi-annual statewide face-to-face provider trainings in each region were implemented in 2015.</p>

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		<p>updates/revisions 85% - Service Plans updated when needed. <u>2014 – Appendix K</u> <i>1. Number & Percent of Service Plans Updated Annually</i> 4,384 – Current Service Plans in home 4,639 – Annual Redeterminations 95% - Participant's had current Service Plans in their home <i>2. Number & Percent of Services Plans revised/updated when warranted</i> 926 – Service Plans were updated when needed 1,229 – Service Plans that needed updates/revisions 75% - Service Plans updated when needed. <u>2015 (YTD) – Appendix L</u> <i>1. Number & Percent of Service Plans Updated Annually</i> 3,321 – Current Service Plans in home 3,564 – Annual Redeterminations 93% - Participant's had current Service Plans in their home <i>2. Number & Percent of Services Plans revised/updated when warranted</i></p>	

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		<p>1,267 – Service Plans were updated when needed 1,613 – Service Plans that needed updates/revisions 79% - Service Plans updated when needed.</p> <p>MMCP - Appendix X 2014 Q3 and Q4 <i>1. Number & Percent of Service Plans Updated Annually</i> 39 – Current Service Plans in home 39 – Annual Care Coordination Visit forms reviewed 100% - Cases reviewed where participant had a current Service Plans in their home <i>2. Number & Percent of Services Plans revised/updated when warranted</i> 6 – Service Plans were updated when needed 6 – Service Plans that needed updates/revisions 100% - Service Plans updated when needed 2015 (YTD) <i>1. Number & Percent of Service Plans Updated Annually</i></p>	<p>MMCP – The MCE was permitted to develop their own sampling methodology for review of service plans. This resulted in a very small sample size, causing an inaccurate reflection of service plan quality.</p> <p>The MCE has been advised to increase the sample size for plan review and to include a review of Residential Assisted Living Facility (RALF) resident plans in their sample for all applicable service plan criteria. The MCE continues to use its internal provider quality control process to ensure</p>

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Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
		11 – Current Service Plans in home 15 – Annual Care Coordination Visit forms reviewed 73% - Cases reviewed where participant had a current Service Plans in their home <i>2. Number & Percent of Services Plans revised/updated when warranted</i> 4 – Service Plans were updated when needed 4 – Service Plans that needed updates/revisions 100% - Service Plans updated when needed	agency compliance.
3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan	Number and percent of service plans reviewed that indicate services were delivered consistent with the service type, scope, amount, duration and frequency approved by the Department. a. Numerator: # of service plans reviewed that indicate services were delivered consistent with the service type, scope, duration and frequency approved by the Dept.	Nurse Reviewer Home Visit Report: Includes the data collected by Nurse Reviewers during the redetermination process. Sample is 100% of current participants excluding Home Delivered Meals (HDM) and Personal Emergency Response System (PERS) providers. <u>2012 – Appendix I</u> 4,572 – Documentation reflected that services delivered in accordance with the Service Plan 5,219 – Annual Redeterminations	Nurse Reviewer Home Visit reports are sent to the provider at redetermination with instructions to remediate any deficiencies. Quarterly aggregate reports are sent to agencies for Corrective Action Plans when the aggregate data falls below the Statewide average or 85% whichever is less. (Individual provider reports are available)

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The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.			
Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
	<p>b. Denominator: # of service plans reviewed.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as a representative sample with a confidence interval equal to 95%.</p>	<p>88% - Services delivered in accordance with the Service Plan. <u>2013 – Appendix J</u> 4,280 – Documentation reflected that services delivered in accordance with the Service Plan 4,700 – Annual Redeterminations 91% - Services delivered in accordance with the Service Plan. <u>2014 – Appendix K</u> 4,147 – Documentation reflected that services delivered in accordance with the Service Plan 4,608 – Annual Redeterminations 90% - Services delivered in accordance with the Service Plan. <u>2015 (YTD) – Appendix L</u> 3,258 – Documentation reflected that services delivered in accordance with the Service Plan 3,483 – Annual Redeterminations 94% - Services delivered in accordance with the Service Plan. MMCP – Appendix X</p>	<p>Focused review of CAPs are completed by the QA staff and further action is taken if required, including request for additional documentation, providing additional provider education and training, referral of cases to Medicaid Program Integrity Unit, which could include improper billing practices and/or failure to complete required Criminal History & Background Checks, and action up to and including provider termination.</p> <p>QA staff track trends in substantiated quality and access issues and report those findings through BLTCC and COMT for further assessment and action.</p>

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II. SERVICE PLANS			
The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.			
Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
		<i>*Plan phased in this data collection. No data for 2014 Q3 or Q4</i> 2015 (YTD) <i>No data for 2015 Q1.</i> 7 – Documentation reflected that services delivered in accordance with the service plan 10 – Annual Care Coordination Visit forms reviewed 70% – Services delivered in accordance with the Service Plan.	
4. Participants are afforded a choice: Between waiver services and institutional care; and between/among waiver services and providers.	Number and percent of waiver participants who indicated that they were given a choice between waiver services and institutional care. a. Numerator: Number of participants reviewed in a random sample of records who indicated they were given a choice between waiver services and institutional care. b. Denominator: Number of participants reviewed.	Internal File Audit Report: Review of sample of participant files during the Internal File Audit Process. <u>2012 – Appendix E</u> 437 - Choice of Waiver versus Institutional Care documented 437 - Files Audited 100% - Participants afforded choice of Waiver versus Institutional Care <u>2013 – Appendix F</u> 424 - Choice of Waiver versus Institutional Care documented 433 - Files Audited	The participant files audited where the records did not contain a copy of the participant choice selection signature form between waiver or institutional care, were remediated by having the Nurse Reviewer obtain a choice form from the participant at the time the issued was identified to completed the record.

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II. SERVICE PLANS			
The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.			
Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
	Sampling approach of analyzed collected data approved in current waiver is specified as a representative sample with a confidence interval equal to 95%.	<p>98% - Participants afforded choice of Waiver versus Institutional Care <u>2014 – Appendix G</u> 427 – Choice of Waiver versus Institutional Care documented 444 - Files Audited 96% - Participants afforded choice of Waiver versus Institutional Care <u>2015 (YTD) – Appendix H</u> 305 – Choice of Waiver versus Institutional Care documented 313 – Files Audited 97% - Files reflected a choice of Waiver versus Institutional Care</p> <p>MMCP – Appendix X 2014 Q3 and Q4 17 – Choice of Waiver versus Institutional Care documented 17 – Files Audited 100% - Participants afforded choice of Waiver versus Institutional Care 2015 (YTD) 13 – Choice of Waiver versus Institutional Care documented</p>	<p>MMCP – The MCE was permitted to develop their own sampling methodology for review of service plans. This resulted in a very small sample size, causing an inaccurate reflection of service plan quality.</p> <p>The MCE has been advised to increase the sample size for plan review and to include a review of RALF plans in their sample for all applicable</p>

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II. SERVICE PLANS

The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
		6 - Choice implied/Admission Agreement CFH/RALF 21 – Files Audited 90% - Participants afforded choice of Waiver versus Institutional Care	service plan criteria. The MCE has been educated on accurate data collection for this waiver assurance.

III. QUALIFIED PROVIDER

The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
a. The state verifies that providers initially and continually meet required licensure and /or certification standards and adhere to other standards prior to their furnishing waiver services.	Number and percent of new, licensed/certified A&D waiver providers that meet required licensure or certification standards. a. Numerator: Number of new A&D waiver providers who meet required licensure or certification standards. b. Denominator: Number of new A&D waiver providers subject to licensure or certification standards.	Licensure & Certification Data: Certified Family Homes (New) – Data reflects new CFH’s reviewed for certification for both A&D and DD waiver. At this time it is not known at time of certification which population they will serve. <u>2012 – Appendix A</u> 215 - New Providers that met Certification Standards 215 - New Providers Subject to Certification	New providers who require a license and/or certification (Certified Family Homes and Residential Assisted Living Facilities) are not approved for rendering any services prior to receipt of licensure/certification. Providers who do not meet licensure/certification standards are not approved as Medicaid providers.

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III. QUALIFIED PROVIDER

The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
	Sampling approach of analyzed collected data approved in current waiver is specified as a 100% review.	100% New Providers Met Certification Standards <u>2013 – Appendix B</u> 216 - New Providers that met Certification Standards 216 - New Providers Subject to Certification 100% New Providers Met Certification Standards <u>2014 – Appendix C</u> 235 - New Providers that met Certification Standards 235 - New Providers Subject to Certification 100% New Providers Met Certification Standards <u>2015 (YTD) – Appendix D</u> 183 - New Providers that met Certification Standards 183 - New Providers Subject to Certification 100% New Providers Met Certification Standards	

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III. QUALIFIED PROVIDER

The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
		Residential Assisted Living Facilities (New) – Data reflects new RALFs that were reviewed for certification. At the time of certification it is not known if the facility will accept Medicaid participants or not. <u>2012 – Appendix A</u> 16 - New Providers that met Licensure Standards 17 - New Providers Subject to Licensure 94% New Providers Met Licensure Standards <u>2013 – Appendix B</u> 11 - New Providers that met Licensure Standards 17 - New Providers Subject to Licensure 65% New Providers Met Licensure Standards <u>2014 – Appendix C</u> 19 - New Providers that met Licensure Standards 22 - New Providers Subject to Licensure 86% New Providers Met Licensure Standards <u>2015 (YTD) – Appendix D</u>	

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III. QUALIFIED PROVIDER

The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
		6 - New Providers that met Licensure Standards 10 - New Providers Subject to Licensure 60% New Providers Met Licensure Standards	
	<p>Number and percent of existing, licensed/certified A&D waiver providers that meet required licensure or certification standards.</p> <p>a. Numerator: Number of existing A&D waiver providers who meet required licensure or certification standards.</p> <p>b. Denominator: Number of existing A&D waiver providers subject to licensure or certification standards.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as a 100% review.</p>	<p>Recertification: Data is collected from the State of Idaho's Certified Family Homes and Residential Assisted Living Facility Programs.</p> <p>Certified Family Homes (Recertification's) Data reflects CFH's reviewed for re-certification for both A&D and DD waiver. At this time it is not documented at re-certification which population they serve.</p> <p><u>2012 – Appendix A</u> 2,166 - Existing Providers that met Certification Standards 2,174 - Existing Providers Subject to Certification 99% Existing Providers Met Certification Standards</p> <p><u>2013 – Appendix B</u></p>	Existing CFH providers who fail to meet Certification Standards, Certifications are revoked and Medicaid provider agreements and authorizations are terminated.

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III. QUALIFIED PROVIDER

The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
		<p>2,197 - Existing Providers that met Certification Standards 2,203 - Existing Providers Subject to Certification 99% Existing Providers Met Certification Standards <u>2014 – Appendix C</u> 2,265 - Existing Providers that met Certification Standards 2,265 - Existing Providers Subject to Certification 100% Existing Providers Met Certification Standards <u>2015 (YTD) – Appendix D</u> 2,308 - Existing Providers that met Certification Standards 2,321 - Existing Providers Subject to Certification 99% Existing Providers Met Certification Standards</p> <p>Residential Assisted Living Facilities must meet re-licensure every two years – Data reflects current RALFs that were reviewed</p>	<p>Current Residential Assisted Living Facilities who were not in compliance during their</p>

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III. QUALIFIED PROVIDER

The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
		<p>for re-licensure.</p> <p><u>2012 – Appendix A</u> 271 - Existing Providers that met Licensure Standards 313 - Existing Providers Subject to Licensure 87% Existing Providers Met Licensure Standards</p> <p><u>2013 – Appendix B</u> 270 - Existing Providers that met Licensure Standards 302 - Existing Providers Subject to Licensure 89% Existing Providers Met Licensure Standards</p> <p><u>2014 – Appendix C</u> 257 - Existing Providers that met Licensure Standards 295 - Existing Providers Subject to Licensure 87% Existing Providers Met Licensure Standards</p> <p><u>2015 (YTD) – Appendix D</u></p>	<p>licensure review submitted corrective action plans and came into compliance.</p>

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III. QUALIFIED PROVIDER

The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
		158 - Existing Providers that met Licensure Standards 182 - Existing Providers Subject to Licensure 87% New Providers Met Licensure Standards	
b. The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements	<p>Number and percent of new, non-licensed/non-certified A&D waiver providers that received Department training prior to providing services.</p> <p>a. Numerator: # of new, non-licensed/non-certified A&D providers that received Dept. training before providing services.</p> <p>b. Denominator: # of new, non-licensed/non-certified A&D providers scheduled for Dept. training before providing services.</p> <p>Sampling approach of analyzed collected data approved in current</p>	<p>Data obtained from BLTC Quality Management Training section on SharePoint and reported in the BLTC Quality Improvement Strategy Summary.</p> <p><u>2012 – Appendix A</u> 16 - New Non-Licensed Providers trained prior to providing services. 16 - New Non-Licensed Providers 100% New Providers Trained Prior to providing services.</p> <p><u>2013 – Appendix B</u> 18 - New Non-Licensed Providers trained prior to providing services. 18 - New Non-Licensed Providers 100% New Providers Trained Prior to providing services.</p> <p><u>2014 – Appendix C</u></p>	<p>New non-licensed/non-certified providers are not issued Medicaid provider agreements or authorized to provide services prior to receiving new provider training.</p>

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The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
	waiver is specified as a 100% review.	14 - New Non-Licensed Providers trained prior to providing services. 14 - New Non-Licensed Providers 100% New Providers Trained Prior to providing services. <u>2015 (YTD) – Appendix D</u> 15 - New Non-Licensed Providers trained prior to providing services. 15 - New Non-Licensed Providers 100% New Providers Trained Prior to providing services.	
	Number and percent of new, non-licensed/non-certified A&D providers that have initial provider review within six months of providing services to waiver participants. a. Numerator: # of aforementioned providers that had initial review within six months of providing services. b. Denominator: # of aforementioned providers	Provider Review Report –Includes data collected from Provider Quality Assurance Reviews at 6 Months, 1 year if indicated and every 2 years thereafter (or as needed). <u>2012 - Appendix M</u> 10 - New Providers received a review within 6 months 12 - New Providers 83% Received a timely review <u>2013 - Appendix N</u> 14 - New Providers received a review within 6 months	All providers identified as receiving untimely reviews were reviewed within 90 days of the review date. 2012: No new provider additional reviews required at the 1-year mark. 2013: One new provider additional review required at the 1-year mark

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III. QUALIFIED PROVIDER

The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
	<p>scheduled for an initial review within six months of providing services.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as a 100% review.</p>	<p>16 - New Providers 88% Received a timely review <u>2014 - Appendix O</u> 12 - New Providers received a review within 6 months 12 - New Providers 100% Received a timely review <u>2015 (YTD) - Appendix P</u> 12 - New Providers received a review within 6 months 12 - New Providers 100% Received a timely review</p>	<p>2014: Four new provider additional review required at the 1-year mark</p> <p>2015 (YTD): Four new provider additional review required at the 1-year mark</p>
	<p>Number and percent of non-licensed/non-certified A&D waiver providers that received an on-site review every two years.</p> <p>a. Numerator: Number of non-licensed/non-certified A&D providers that received an on-site review every two years.</p> <p>b. Denominator: Number of non-licensed/non-certified A&D providers scheduled for an on-</p>	<p><u>2012 – Appendix M</u> 87 - of existing providers received timely review 96 - of existing providers due for 2 year review 91% of existing providers received timely review <u>2013 - Appendix N</u> 106 - of existing providers received timely review 109 -of existing providers due for 2 year review</p>	<p>All providers identified as receiving untimely reviews were reviewed within 90 days of the review date.</p>

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III. QUALIFIED PROVIDER

The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
	<p>site review every two years.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as a 100% review.</p>	<p>97% of existing providers received timely review</p> <p><u>2014 - Appendix O</u></p> <p>79 - of existing providers received timely review</p> <p>87 - of existing providers due for 2 year review</p> <p>91% of existing providers received timely review</p> <p><u>2015 (YTD) - Appendix P</u></p> <p>77 - of existing providers received timely review</p> <p>85 - of existing providers due for 2 year review</p> <p>91% of existing providers received timely review</p>	
c. The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.	<p>Number and percent of A&D waiver providers that received Department training.</p> <p>a. Numerator: Number of A&D waiver providers that received Department training prior to providing services.</p>	<p>Data obtained from BLTC Quality Management Training section on SharePoint and reported in the BLTC Quality Improvement Strategy Summary.</p> <p><u>2012 – Appendix A</u></p> <p>145 - Received Department Training</p> <p>323 - A&D Agency Providers</p>	<p>Department training is provided in response to trends in QA data. In 2014 Statewide training was provided and online training modules were developed in the areas of:</p> <p>a. Service Plans</p> <p>b. Documentation</p>

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III. QUALIFIED PROVIDER

The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
	b. Denominator: Number of A&D waiver providers.	<p>45% A&D Agency Providers Received Department Training <u>2013 – Appendix B</u> 139 - Received Department Training 338 - A&D Agency Providers 41% A&D Agency Providers Received Department Training <u>2014 – Appendix C</u> 227 - Received Department Training 339 - A&D Agency Providers 67% A&D Agency Providers Received Department Training <u>2015 (YTD) – Appendix D</u> 188 - Received Department Training 347 - A&D Agency Providers 54% A&D Agency Providers Received Department Training</p>	<p>c. Caregiver Training Requirements</p> <p>Biannual training was implemented in 2015. In addition to the 117 A&D Agency providers who were trained, training was provided to 56 Certified Family Home (CFH) providers and 34 Residential Assisted Living Facilities (RALF).</p> <p>Ongoing training is provided to Nurse Reviewers/Nurse Managers/Support Staff to document provider training as it occurs.</p>

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IV. HEALTH & WELFARE

On an on-going basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.

Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.	<p>Number and percent of service plans reviewed that addressed potential and real risks and had back up plan interventions in place.</p> <p>a. Numerator: Number of service plans reviewed that addressed potential and real risks and had back up plan interventions in place.</p> <p>b. Denominator: Number of service plans reviewed.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as a representative sample with a confidence interval equal to 95%.</p>	<p>Nurse Reviewer Home Visit Report: Includes the data collected by Nurse Reviewers during the redetermination process. Sample is 100% of current participants.</p> <p><u>2012 – Appendix I</u> Not measured in 2012</p> <p><u>2013 – Appendix J</u> 3,886 – Service plans addressed risks and had back up plans in place 4,691 – Annual Redeterminations 83% Service Plans addressed potential and real risks and had back up plans in place</p> <p><u>2014 – Appendix K</u> 3,616 – Service plans addressed risks and had back up plans in place 4,608 – Annual Redeterminations 78% Service Plans addressed potential and real risks and had back up plans in place</p> <p><u>2015 (YTD) – Appendix L</u> 2,925 – Service plans addressed risks and had back up plans in place</p>	<p>Service Plan Training is a continuous system improvement goal. Service Plan training has been addressed in all statewide trainings; during provider QA reviews and is the topic of one of the online provider training modules.</p> <p>Participant experiences regarding abuse, neglect and exploitation are collected during the Nurse Reviewer Home Visit. This information is then referred to the Quality Improvement specialist for investigation, remediation and reporting.</p>

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IV. HEALTH & WELFARE			
On an on-going basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.			
Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
		<p>3,483 – Annual Redeterminations 84% Service Plans addressed potential and real risks and had back up plans in place</p> <p>MMCP – Appendix Y 2014 Q3 and Q4 <i>Potential Risks/Back Up Plans</i> 42 - Reflected Potential Risks/Back Up Plans 50 - Service Plans Reviewed 84% Service Plans reflected potential risks/back up plans</p> <p>2015 (YTD) <i>Potential Risks/Back Up Plans</i> 241 – Reflected Potential Risks/Back Up Plans 281 – Service Plans Reviewed 86% Service Plans reflected potential Risks/Back Up Plans</p>	<p>MMCP – The MCE has been advised to include a review of RALF resident plans in their sample for all applicable service plan criteria. The MCE has been educated on an ongoing basis on appropriate review of service plans and remediation processes for providers when deficiencies are identified. The MCE continues to use its internal provider quality control process to ensure agency compliance.</p>

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IV. HEALTH & WELFARE			
On an on-going basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.			
Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
	<p>Number and percent of total complaints/critical incidents that were related to abuse, neglect and exploitation.</p> <p>a. Numerator: Number of complaints/critical incidents that were related to abuse, neglect and exploitation.</p> <p>b. Denominator: Total number of complaints/critical incidents.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as a 100% review.</p>	<p>Complaint/Critical Incident Report: Based on data entered into the Statewide Complaint/Critical Incident Database in SharePoint.</p> <p><u>2012 – Appendix Q</u> 67 – Number of Complaints/Critical Incidents related to abuse/neglect/exploitation 252 – Total Number of Complaints/Critical Incidents 27% Complaints/Critical Incidents that were related to abuse/neglect/exploitation <u>2013 – Appendix R</u> 67 – Number of Complaints/Critical Incidents related to abuse/neglect/exploitation 187 – Total Number of Complaints/Critical Incidents 36% Complaints/Critical Incidents that were related to abuse/neglect/exploitation <u>2014 – Appendix S</u> 177 – Number of Complaints/Critical</p>	<p>Refer to Appendix Q-T and Z for remediation.</p> <p>In 2013, the state identified a downward trend in the overall number of complaints/critical incidents being reported.</p> <p>In 2014, the state initiated quality improvements to improve reporting and afford more opportunities to capture data: 1. Provided training to BLTC staff on definitions of complaints/critical incidents and developed a tool for staff to provide information for data collection. 2. Added participant experience questions to the NRHV process especially in the areas of abuse, neglect, and exploitation.</p> <p>As a result of these changes the state has seen an increase in the</p>

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IV. HEALTH & WELFARE			
On an on-going basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.			
Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
		<p>Incidents related to abuse/neglect/exploitation 467 – Total Number of Complaints/Critical Incidents 38% Complaints/Critical Incidents that were related to abuse/neglect/exploitation <u>2015 (YTD) – Appendix T</u> 144 – Number of Complaints/Critical Incidents related to abuse/neglect/exploitation 288 – Total Number of Complaints/Critical Incidents 50% Complaints/Critical Incidents that were related to abuse/neglect/exploitation</p> <p>MMCP – Appendix Z 2014 Q3 and Q4 0 - complaints/critical incidents related to abuse/neglect/exploitation 1 - complaint/critical incident 0% related to abuse/neglect/exploitation 2015 (YTD)</p>	<p>overall volume of reported complaints and critical incidents, but has seen a decrease in proportion of the substantiated complaints/critical incidents related to abuse, exploitation, and neglect and have experienced no change in the substantiated complaints in other areas.</p>

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IV. HEALTH & WELFARE			
On an on-going basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.			
Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
		5 - complaints/critical incidents related to abuse/neglect/exploitation 6 - complaint/critical incidents 83% related to abuse/neglect/exploitation	
	Number and percent of complaints (critical incidents) of abuse, neglect and exploitation that were substantiated. a. Numerator: Number of complaints/critical incidents that were related to abuse, neglect and exploitation that were substantiated.	Complaint/Critical Incident Report: Based on data entered into the Statewide Complaint/Critical Incident Database in SharePoint. <u>2012 – Appendix Q</u> 33 – Substantiated Complaints/Critical Incidents related	Refer to Appendix Q-T and Z for remediation.

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IV. HEALTH & WELFARE			
On an on-going basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.			
Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
	<p>b. Denominator: Total number of complaints/critical incidents that were related to abuse, neglect and exploitation.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as a 100% review.</p>	<p>to abuse/neglect/exploitation 67 – Number of Complaints/Critical Incidents related to abuse/neglect/exploitation 49% Complaints/critical incidents related to abuse/neglect/exploitation were substantiated <u>2013 – Appendix R</u> 26 – Substantiated Complaints/Critical Incidents related to abuse/neglect/exploitation 67 – Number of Complaints/Critical Incidents related to abuse/neglect/exploitation 39% Complaints/critical incidents related to abuse/neglect/exploitation were substantiated <u>2014 – Appendix S</u> 56 – Substantiated Complaints/Critical Incidents related to abuse/neglect/exploitation 177 – Number of Complaints/Critical Incidents related to abuse/neglect/exploitation 32% Complaints/critical incidents</p>	

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IV. HEALTH & WELFARE			
On an on-going basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.			
Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
		<p>related to abuse/neglect/exploitation were substantiated</p> <p><u>2015 (YTD) – Appendix T</u></p> <p>36 – Substantiated</p> <p>Complaints/Critical Incidents related to abuse/neglect/exploitation</p> <p>144 – Number of Complaints/Critical Incidents related to abuse/neglect/exploitation</p> <p>25% Complaints/critical incidents related to abuse/neglect/exploitation were substantiated</p> <p>MMCP – Appendix Z</p> <p>2014 Q3 and Q4</p> <p>0 – Complaints/critical incidents related to abuse/neglect/exploitation that were substantiated</p> <p>0 – Complaints/critical incidents related to abuse/neglect/exploitation</p> <p>0% Substantiated</p> <p>2015 (YTD)</p> <p>2 – Complaints/critical incidents related to abuse/neglect/exploitation that were substantiated</p>	

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IV. HEALTH & WELFARE			
On an on-going basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.			
Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
		5 - Complaints/critical incidents related to abuse/neglect/exploitation 40% Complaints/critical incidents related to abuse/neglect/exploitation were substantiated	
	<p>Number and percent of complaints/critical incidents other than abuse, neglect and exploitation that were substantiated.</p> <p>a. Numerator: Number of complaints/critical incidents other than abuse, neglect and exploitation that were substantiated.</p> <p>b. Denominator: Number of complaints/critical incidents other than abuse, neglect and exploitation.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as a 100% review.</p>	<p>Complaint/Critical Incident Report: Based on data entered into the Statewide Complaint/Critical Incident Database in SharePoint.</p> <p><u>2012 – Appendix Q</u> 87 - Number of Complaints/Critical incidents other than abuse/neglect/exploitation that were substantiated 185 - Number of Complaints/Critical incidents other than abuse/neglect/exploitation 47% Complaints/Critical incidents other than abuse/neglect/exploitation that were substantiated</p> <p><u>2013 – Appendix R</u> 51 – Number of Complaints/Critical incidents other than abuse/neglect/exploitation that were</p>	Refer to Appendix Q-T and Z for remediation.

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IV. HEALTH & WELFARE			
On an on-going basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.			
Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
		<p>substantiated 120 – Number of Complaints/Critical incidents other than abuse/neglect/exploitation 43% Complaints/Critical incidents other than abuse/neglect/exploitation that were substantiated <u>2014 – Appendix S</u> 103 – Number of Complaints/Critical incidents other than abuse/neglect/exploitation that were substantiated 290 – Number of Complaints/Critical incidents other than abuse/neglect/exploitation 36% Complaints/Critical incidents other than abuse/neglect/exploitation that were substantiated <u>2015 (YTD) – Appendix T</u> 49 – Number of Complaints/Critical incidents other than abuse/neglect/exploitation that were substantiated 144 – Number of Complaints/Critical incidents other than</p>	

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IV. HEALTH & WELFARE			
On an on-going basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.			
Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
		<p>abuse/neglect/exploitation 34% Complaints/Critical incidents other than abuse/neglect/exploitation that were substantiated</p> <p>MMCP – Appendix Z 2014 Q3 and Q4 0 - Complaints/critical incidents unrelated to abuse/neglect/exploitation that were substantiated 0 - Complaint/critical incident unrelated to abuse/neglect/exploitation 0% Substantiated</p> <p>2015 (YTD) 0 - Complaints/critical incidents unrelated to abuse/neglect/exploitation that were substantiated 1 - Complaint/critical incident unrelated to abuse/neglect/exploitation 0% Substantiated</p>	

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V. ADMINISTRATIVE AUTHORITY

The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities

Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
a. The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.	<p>Number and percent of remediation issues identified in the QIS performance reports that were followed up on and monitored through QIS reporting.</p> <p>a. Numerator: # of remediation issues followed up on and monitored through QIS reporting.</p> <p>b. Denominator: # of remediation issues identified in the QIS performance reports.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as a 100% review.</p>	<p><u>2012 – Appendix A</u> 1,559 Number of Remediation Issues with follow up and monitoring 1,559 Remediation Issues identified in QA Reports 100% Remediated</p> <p><u>2013 – Appendix B</u> 1,681 - Number of Remediation Issues with follow up and monitoring 1,681 - Number of Remediation Issues identified in QA Reports 100% Remediated</p> <p><u>2014 – Appendix C</u> 1,804 - Number of Remediation Issues with follow up and monitoring 1,804 – Number of Remediation Issues identified in QA Reports 100% Remediated</p> <p><u>2015 (YTD) – Appendix D</u> 1,150 - Number of Remediation Issues with follow up and monitoring 1,150 – Number of Remediation Issues identified in QA Reports 100% Remediated</p>	All issues identified through QIS reporting have follow up and monitoring.

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On an on-going basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.			
Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
		<p><u>MMCP</u> – The Idaho Department of Health and Welfare maintains authority and oversight over the health plan’s administration of A&D waiver services and functions. The MMCP Scope of Work detailing the health plan’s responsibilities in administering A&D waiver services can be located at: http://healthandwelfare.idaho.gov/Portals/0/Medical/Managed%20Care/MCPScopeOfWork2015-2016.pdf</p>	
	<p>Number and percent of system improvements identified in QIS performance reports that were implemented and monitored through QIS reporting.</p> <p>a. Numerator: Number of system improvements identified as needed through the QIS performance reports implemented and monitored through QIS reporting.</p>	<p><u>2012 – Appendix A</u> 3 – System Improvements Implemented 4 – System Improvements Identified through Quality Reporting 75% Implemented</p> <p><u>2013 – Appendix B</u> 3 – System Improvements Implemented 4 – System Improvements Identified through Quality Reporting 75% - Implemented</p>	<p>Refer to Appendix A-D for System Improvements</p> <p>2012 – (1) System Improvement identified to improve provider documentation service plans updated when the participant had a change in condition. This improvement was completed in 2014 by the development of online training modules in both Service Plans and</p>

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On an on-going basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.			
Sub Assurances	Performance Measure	Discovery	Remediation/System Improvement
	<p>b. Denominator: Number of system improvements identified as needed through the QIS performance reports.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as a 100% review.</p>	<p><u>2014 – Appendix C</u> 2 – System Improvements Implemented 2 – System Improvements Identified through Quality Reporting 100% Implemented <u>2015 (YTD) – Appendix D</u> 3 – System Improvements Implemented 3 – System Improvements Identified through Quality Reporting 100% Implemented</p>	<p>Documentation. 2013 – (1) System Improvement identified in Q4 of 2013 to improve documentation of complaints – process and training was developed in 2014 which has resulted in a 100% improvement in compliant documentation in 2014.</p>

VI. FINANCIAL ACCOUNTABILITY			
The State must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program			
Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.	<p>Number and percent of waiver service providers who had fraudulent billing patterns investigated by IDHW and action taken.</p> <p>a. Numerator: Number of waiver service providers who had fraudulent billing patterns that were investigated and</p>	<p>Data is based on complaints of fraud that are substantiated through the State of Idaho's Medicaid Program Integrity Unit.</p> <p><u>2012 – Appendix Q</u> 50 – Number of providers with substantiated fraudulent billing</p>	<p>Refer to Appendix Q-T and AA for remediation.</p> <p>The State's monitoring process for verifying the maintenance of appropriate financial records by providers is through on-going site visits conducted with providers to</p>

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VI. FINANCIAL ACCOUNTABILITY			
The State must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program			
Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
	<p>action taken by the Department.</p> <p>b. Denominator: Number of waiver service providers who were reported for fraudulent billing patterns.</p> <p>Sampling approach of analyzed collected data approved in current waiver is specified as a 100% review.</p>	<p>patterns</p> <p>63 – Total Number of providers reported for fraudulent billing patterns</p> <p>79% of providers with substantiated fraudulent billing patterns</p> <p><u>2013 – Appendix R</u></p> <p>26 – Number of providers with substantiated fraudulent billing patterns</p> <p>43 – Total Number of providers reported for fraudulent billing patterns</p> <p>60% of providers with substantiated fraudulent billing patterns</p> <p><u>2014 – Appendix S</u></p> <p>41 – Number of providers with substantiated fraudulent billing patterns</p> <p>60 – Total Number of providers reported for fraudulent billing patterns</p> <p>68% of providers with substantiated fraudulent billing patterns</p> <p><u>2015 (YTD) – Appendix T</u></p>	<p>verify that they maintain financial records according to provider agreements/contracts through ongoing provider quality reviews (Appendices M-P).</p> <p>During the NRHV process, complaints/critical incidents and provider quality assurance processes, instances of potential improper billing practices/fraud are identified. If there is information to substantiate it; referrals are made through the program manager to the MPIU.</p> <p>The state does not have a performance measure reflected in the approved waiver period to collect results of a review of provider claims to verify that they are coded and paid in accordance with the approved reimbursement methodology.</p>

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VI. FINANCIAL ACCOUNTABILITY			
The State must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program			
Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
		<p>13 – Number of providers with substantiated fraudulent billing patterns</p> <p>21 – Total Number of providers reported for fraudulent billing patterns</p> <p>62% of providers with substantiated fraudulent billing patterns</p> <p>MMCP – Appendix AA 2014 Q3 and Q4 0 - MCE waiver providers referred to the Department for investigation and action 1 - MCE waiver provider reported to the MCE for fraudulent billing patterns 0% of MCE waiver providers who had fraudulent billing patterns and were referred to the Department for investigation and action. 2015 YTD 0 - MCE waiver providers referred to the Department for investigation and action</p>	

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VI. FINANCIAL ACCOUNTABILITY

The State must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program

Sub Assurance	Performance Measure	Discovery	Remediation/System Improvement
		6 - MCE waiver providers reported to the MCE for fraudulent billing patterns 0% of MCE waiver providers who had fraudulent billing patterns and were referred to the Department for investigation and action	